

2098 B

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9		2				
10		2				
11		2				
12		2				
13		2				
14		1				
15		1				
16		1				
17		2				
18		2				
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50						
TOTAL IND.	4					
TOTAL DEP.	21					
TOTAL CLAIMS	25					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						